## Best Available Copy

Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	πη <b>γ</b>	OR	OTHER SMALL	
TOTAL CLAIMS			32		:		- :-	RAT		FEE		RATE	FEE "
FOR 12/19/01			NUMBER FILED		NUMBER EXTRA			BASIC I	Œ	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			32 minus 20=		• 12			X\$ 9	-		OR	X\$18=	216
INDEPENDENT CLAIMS			2 minus 3 =		Ċ			X42=			OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140	_		OR	+280=	
• If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L L		OR	TOTAL	950	
, CLAIMS AS AMENDED - PART II									_			OTHER	THAN
03 (6 05 (Column 1) (Column 2) (Column 3)							<b>L</b> .	SMA	LLE	NTITY	OR	SMALL	
INT A	. , , , , , , , , , , , , , , , , , , ,	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	IEST IBER OUSLY FOR	PRESENT		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 29	Minus	<b>-</b> 3	2	•	]	X\$ 9	Ŧ.		OR	X\$18=	
	Independent	• 3	Minus		3	-		X42			OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM							+140	)=.		OR	+280=	
BEST AVAILABLE COPY								TO ADOIT.	TAL		OR	TOTAL ADDIT, FEE	
07 20 05 (Column 1) (Column 2) (Column 3)							<u>)</u>	<b>ADOIT.</b> 1			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž Q	Total	. 29	Minus	#	32 <u></u>	= 😂		X\$ 9	)=		OR	X\$18=	
ME	Independent	. 3	Minus	***	3_	[ <u> </u>	4	X42	=		ОЯ	X84=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140			OR		
								ADDIT.	TAL FEE		OF	ADDIT. FEI	1 7 /
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	•	Minus	**		8		X\$ 9	)=		OF	X\$18=	
NE NE	Ind pend nt	٠	Minus	***		]=	4	X42	<u>-</u>		OF	X84=	
	FIRST PRESE	NTATION OF M	NULTIPLE DE	PENDE	NT CLAIM		L	+144	) <del>-</del>	<del></del>	OF		
	If the entry in colu	<u> </u>	)= TAL		4	TOTA							
1 :	If the "Highest Nu	Imber Previously Imber Previously Inber Previously P	Paid For IN TH	IS SPACE	E is less in E ic loss th	an 20, enter 7 an 3 enter "3		ADDIT. ound in t			OF ox in (	AUUII. PE	E <b>L</b>

**Application or Docket Number**